

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214505044			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Certified Medical Representatives Institute, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHELLE R O'CONNOR 4423 PHEASANT RIDGE ROAD SUITE 100 ROANOKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/23/2014</p> <p>SCC ID NO: 01068857</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4423 PHEASANT RIDGE ROAD SUITE 100</p> <p style="text-align: center;">CITY/ST/ZIP: ROANOKE, VA 24014</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHELLE R O'CONNOR TITLE: PRESIDENT ADDRESS: 2228 LAUREL WOODS DR CITY/ST/ZIP/CO: SALEM, VA 24153 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHELLE R O'CONNOR TITLE: PRESIDENT ADDRESS: 2228 LAUREL WOODS DR CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK SORRENTINO DIRECTOR 1109A COCKEYS MILL ROAD REISTERSTOWN, MD 21136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARA ANNE SPENCER DIRECTOR 2302 AVENHAM AVE ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L THOMAS DIRECTOR 117 MARCH PLACE MOUNT JULIET, TN 37122	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRE A MUELENAER, JR, MS, MD, FAAP DIRECTOR 102 HIGHLAND AVE SE SUITE 203 ROANOKE, VA 24013	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PARTHA ANBIL DIRECTOR 1037 WELSH AYRES WAY DOWNTOWN, PA 19335	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LAUREN W HARBERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAUREN W HARBERT, TREASURER PRINTED NAME AND CORPORATE TITLE	1/23/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			